MARYWOOD CONVALESCENT CENTER

1821 NORTH 4TH AVENUE

WAUSAU 54401 Phone: (715) 675-9451		Ownership:	Nonprofit Church/Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/03):	88	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/03):	90	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/03:	87	Average Daily Census:	84

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents	(12/31/03)	Length of Stay (12/31/03)	%
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis		Age Groups	용		23.0
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	2.3	More Than 4 Years	14.9
Day Services Respite Care	No Yes	Mental Illness (Org./Psy)   Mental Illness (Other)		65 - 74   75 - 84	5.7 37.9	•	83.9
Adult Day Care	No	Alcohol & Other Drug Abuse		85 - 94		*********	
Adult Day Health Care Congregate Meals	No No	Para-, Quadra-, Hemiplegic   Cancer	1.1	95 & Over 		Full-Time Equivalent   Nursing Staff per 100 Resi	
Home Delivered Meals	No	Fractures				(12/31/03)	
Other Meals Transportation	No No	Cardiovascular   Cerebrovascular		65 & Over 			13.8
Referral Service	No	Diabetes		Gender	%	LPNs	11.5
Other Services	No	Respiratory					
Provide Day Programming for Mentally Ill	No	Other Medical Conditions		Male   Female	13.8 86.2	Aides, & Orderlies	42.4
Provide Day Programming for	110		100.0			 	
Developmentally Disabled	No				100.0		

## Method of Reimbursement

		Medicare			Medicaid Sitle 19			Other			Private Pay	: 		amily Care			anaged Care			
Level of Care	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	90	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	Total Resi- dents	of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	14	100.0	225	54	98.2	121	0	0.0	0	18	100.0	174	0	0.0	0	0	0.0	0	86	98.9
Intermediate				1	1.8	101	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.1
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	14	100.0		55	100.0		0	0.0		18	100.0		0	0.0		0	0.0		87	100.0

County: Marathon Facility ID: 5290 Page 2 MARYWOOD CONVALESCENT CENTER

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	ions, Services,	and Activities as of 12	/31/03
Deaths During Reporting Period							
				!	% Needing		Total
Percent Admissions from:		Activities of	8	As	sistance of	% Totally	Number of
Private Home/No Home Health	2.4	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	2.3		70.1	27.6	87
Other Nursing Homes	4.2	Dressing	17.2		69.0	13.8	87
Acute Care Hospitals	92.8	Transferring	24.1		64.4	11.5	87
Psych. HospMR/DD Facilities	0.0	Toilet Use	23.0		62.1	14.9	87
Rehabilitation Hospitals	0.0	Eating	65.5		31.0	3.4	87
Other Locations	0.6	**************	*****	****	*****	*******	******
Total Number of Admissions	167	Continence		용	Special Treat	ments	િ
		Indwelling Or Extern	al Catheter	3.4	Receiving F	Respiratory Care	6.9
Private Home/No Home Health	23.5	Occ/Freq. Incontinen	t of Bladder	29.9	Receiving T	racheostomy Care	0.0
Private Home/With Home Health	8.4	Occ/Freq. Incontinen	t of Bowel	21.8	Receiving S	Suctioning	0.0
Other Nursing Homes	3.0				Receiving C	stomy Care	1.1
Acute Care Hospitals	41.0				_	ube Feeding	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	2.3	Receiving M	Mechanically Altered Diet	s 23.0
Rehabilitation Hospitals	0.0						
Other Locations	3.0	Skin Care			Other Resider	nt Characteristics	
Deaths	21.1	With Pressure Sores		5.7	Have Advanc	ce Directives	100.0
Total Number of Discharges		With Rashes		16.1	Medications		
(Including Deaths)	166				Receiving F	sychoactive Drugs	47.1

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

***********	*****	*****	*****	*****	*****	*****	*****	*****	*****
		Own	ership:	Bed	Size:	Lic	ensure:		
	This	This Nonprofit			-99	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	8	8	Ratio	8	Ratio	8	Ratio	8	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	93.3	92.0	1.02	87.1	1.07	88.1	1.06	87.4	1.07
Current Residents from In-County	98.9	85.9	1.15	81.0	1.22	82.1	1.20	76.7	1.29
Admissions from In-County, Still Residing	19.8	22.1	0.90	19.8	1.00	20.1	0.98	19.6	1.01
Admissions/Average Daily Census	198.8	138.9	1.43	158.0	1.26	155.7	1.28	141.3	1.41
Discharges/Average Daily Census	197.6	139.5	1.42	157.4	1.26	155.1	1.27	142.5	1.39
Discharges To Private Residence/Average Daily Census	63.1	64.3	0.98	74.2	0.85	68.7	0.92	61.6	1.02
Residents Receiving Skilled Care	98.9	96.1	1.03	94.6	1.04	94.0	1.05	88.1	1.12
Residents Aged 65 and Older	97.7	96.4	1.01	94.7	1.03	92.0	1.06	87.8	1.11
Title 19 (Medicaid) Funded Residents	63.2	55.4	1.14	57.2	1.11	61.7	1.02	65.9	0.96
Private Pay Funded Residents	20.7	32.6	0.63	28.5	0.73	23.7	0.87	21.0	0.99
Developmentally Disabled Residents	0.0	0.6	0.00	1.3	0.00	1.1	0.00	6.5	0.00
Mentally Ill Residents	17.2	36.2	0.48	33.8	0.51	35.8	0.48	33.6	0.51
General Medical Service Residents	0.0	24.3	0.00	21.6	0.00	23.1	0.00	20.6	0.00
Impaired ADL (Mean)	44.1	50.5	0.87	48.5	0.91	49.5	0.89	49.4	0.89
Psychological Problems	47.1	58.5	0.80	57.1	0.83	58.2	0.81	57.4	0.82
Nursing Care Required (Mean)	6.6	6.8	0.97	6.7	0.98	6.9	0.96	7.3	0.90